

## A. Individual-Level Intervention (HE/RR)

Date: \_\_\_\_\_

### – Intervention Plan – Jurisdiction Aggregate Form

Complete a separate form for <i>each</i> primary population served by this type of intervention						
<p><b>[1] Jurisdiction ID:</b> _____</p> <p><b>[2] Number of individual-level interventions (ILIs) this form describes:</b> _____</p>	<p><b>Risk Population</b></p> <p>Mark the risk population this form describes. If an intervention serves multiple risk populations, choose one primary and one secondary risk population. <i>[See instructions for distinguishing between primary and secondary risk populations.]</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;"><b>[3] Primary Population</b></th> <th style="text-align: left; padding: 5px;"><b>[4] Secondary Population</b></th> </tr> <tr> <td style="padding: 5px;"> <ul style="list-style-type: none"> <li>MSM</li> <li>MSM/IDU</li> <li>IDU</li> <li>Heterosexual</li> <li>Mother with/at risk for HIV</li> <li>General Public</li> </ul> </td> <td style="padding: 5px;"> <ul style="list-style-type: none"> <li>MSM</li> <li>MSM/IDU</li> <li>IDU</li> <li>Heterosexual</li> <li>Mother with/at risk for HIV</li> <li>General Public</li> </ul> </td> </tr> </table>	<b>[3] Primary Population</b>	<b>[4] Secondary Population</b>	<ul style="list-style-type: none"> <li>MSM</li> <li>MSM/IDU</li> <li>IDU</li> <li>Heterosexual</li> <li>Mother with/at risk for HIV</li> <li>General Public</li> </ul>	<ul style="list-style-type: none"> <li>MSM</li> <li>MSM/IDU</li> <li>IDU</li> <li>Heterosexual</li> <li>Mother with/at risk for HIV</li> <li>General Public</li> </ul>
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<p><b>[5] Number of ILIs for this risk population to be provided by the following types of agencies (total should equal number in [2] above):</b></p>				
CBO - Minority Board _____	State Health Department _____	Academic Institution _____	Other Agency _____	
CBO - Non-Minority Board _____	Local Health Department _____	Research Center _____	(please specify) _____	
Faith Community _____	Other Government _____	Individual _____		
<b>Total</b>				_____

[6] Clients To Be Served With CDC Funds § (M=male; F=female; T=transgender; NT=sex not targeted)	# 19 years old				20 – 29 years old				30 + years old				Age data not available				TOTAL
	M	F	T	NT	M	F	T	NT	M	F	T	NT	M	F	T	NT	
American Indian/Alaska Native																	
Asian/Pacific Islander																	
White																	
Black																	
Other																	
<b>TOTAL</b>																	

Hispanic																	
Non-Hispanic																	
<b>TOTAL</b>																	

§ The minimum data required for this report are the totals contained in the double-lined boxes at the far right end of the table above. Completing the other cells is optional but encouraged.

[7] Evidence or Theory Basis for the Intervention and Justification for Application to the Target Population and Setting		
	Evidence or Theory Provided	Evidence or Theory not Provided
Intervention Is Justified for Application to the Target Population and Setting		
Intervention Is <i>Not</i> Justified for Application to the Target Population and Setting		

[8] Service Delivery Plan	
Sufficient Delivery Plan	
Insufficient Delivery Plan	

[9] Notes/Comments Field:
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